

OCT 17 2005

In re Patent Application of

Atty Dkt. 723-1443

Certificate of Facsimile Transmission

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C# M#

TC/A.U. 3713

Serial No. 10/690,818

Examiner: ONEILL, MICHAEL W.

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent & Trademark Office on 17 October 2005, to 571-273-8300.

Filed: October 23, 2003

Date: October 17, 2005

Title: HAND-HELD VIDEO GAME PLATFORM EMULATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Robert W. Faris
Reg. No. 31,352

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. 37

☒ **Correspondence Address Indication Form Attached.**

Fees are attached as calculated below:

Total effective claims after amendment	0	minus highest number	
previously paid for	20	(at least 20) =	0 x \$50.00
			\$0.00 (1202)/\$0.00 (2202) \$
Independent claims after amendment	0	minus highest number	
previously paid for	3	(at least 3) =	0 x \$200.00
			\$0.00 (1201)/\$0.00 (2201) \$

If proper multiple dependent claims now added for first time, (ignore improper); add

Petition is hereby made to extend the current due date so as to cover the filing date of this

One Month Extension	\$120.00 (1251)/\$60.00 (2251)	
Two Month Extensions	\$450.00 (1252)/\$225.00 (2252)	
Three Month Extensions	\$1020.00 (1253)/\$510.00 (2253)	
Four Month Extensions	\$1590.00 (1254)/\$795.00 (2254)	\$ 1590
	\$130.00 (1814)/\$65.00 (2814)	\$

Terminal disclaimer enclosed, add

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$

Assignment Recording Fee \$40.00 (8021) \$

Other: \$

CHARGE TO DEPOSIT TOTAL FEE ~~PAID~~ \$ 1590

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor
Arlington, Virginia 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
RWF:ej

NIXON & VANDERHYE P.C.
By Atty: Robert W. Faris, Reg. No. 31,352

Signature: 

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NIXON & VANDERHYE PC Fax: 703-816-4100

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Independent claims after amendment 0 minus highest number
previously paid for 3 (at least 3) = 0 x \$200.00 \$0.00 (1201)/\$0.00 (2201) \$

If proper multiple dependent claims now added for first time, (Ignore improper); add

\$360.00 (1051)/\$180.00 (2051) \$

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Three Month Extensions \$1020.00 (1253)/\$510.00 (2253)
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